



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Poore	First Name Steven	Middle Name Gene	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 6131 N. Olney St.			5. FAX (Optional)	6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46220	8. County Marion	9. Telephone (Day) (317) 670-8032	10. Telephone (Evening) (317) 259-0529
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion County Washington Township Small Claims Judge		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee To Elect Steven Poore, Small Claims Judge					
14. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address 6131 N. Olney St.			15. FAX (Optional)		16. E-mail Address (Optional)
17. City Indianapolis	State IN	ZIP Code 46220	18. County Marion	19. Telephone (317) 670-8032	20. Committee Organization Date (MM-DD-YY) 12-5-08
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson JOHN D. O'HARA					
22. Mailing Address <input type="checkbox"/> Check if this is a new address 714 E 60th St			23. FAX (Optional)		24. E-mail Address (Optional)
25. City INDIANAPOLIS	State IN	ZIP Code 46220	26. County MARION	27. Telephone (Day) 2090	28. Telephone (Evening) (317) 538-4524
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Indiana Members Credit Union					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. Kevin L. Strunk			Signature of the Committee Chairperson John D. O'Hara		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Kevin L. Strunk					
34. Mailing Address <input type="checkbox"/> Check if this is a new address 6131 N. Olney St.			35. FAX (Optional)		36. E-mail Address (Optional)
37. City Indianapolis	State IN	ZIP Code 46220	38. County Marion	39. Telephone (Day) (317) 257-3323	40. Telephone (Evening) cell (317) 417-7200

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment Kevin L. Strunk
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson JOHN D. O'HARA	Signature of Chairperson John D. O'Hara	Date (MM-DD-YY) 1-28-16
43. Typed or Printed Name of Candidate Steven G. Poore	Signature of Candidate Steven G. Poore	Date (MM-DD-YY) 1-28-16

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myla A. Eldridge

JAN 29 2016

FILED